

Health,
Welfare
Public
Service

300
1-56

ALL
diseases in Part I must be
casually related. Coroner cannot certify to a death due to natural causes.

0804
1

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

FILED FEB 3 1958

STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 2251

Registration District No. 274 Primary Registration District No. 3052 Registrar's No. 93

1. PLACE OF DEATH a. COUNTY <u>Pettis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Pettis</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Sedalia</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>Sedalia</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>111 E. Cooper, st.</u>		Length of stay in lb <u>9 yrs.</u>		d. STREET ADDRESS (If outside, give location) <u>111 E. Cooper</u>		Beside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>Dora</u> Middle <u></u> Last <u>Hughes</u>				4. DATE OF DEATH Month <u>Jan.</u> Day <u>26</u> Year <u>1958</u>			
5. SEX <u>Female</u>	6. COLOR OR RACE <u>Negro</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>July 31, 1881</u>	9. AGE (In years last birthday) <u>77 yr.</u>		IF UNDER 1 YEAR Months <u></u> Days <u></u> Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housemaid</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Private Family</u>		11. BIRTHPLACE (City and state or country) <u>New Franklin, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME <u>George Wynn</u>				14. MOTHER'S MAIDEN NAME <u>Emma Hollands</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT <u>Charles Wright - Sedalia, Mo.</u> Address			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Chronic myocarditis</u>						INTERVAL BETWEEN ONSET AND DEATH <u>1 yr.</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b) <u>none</u>		DUE TO (c) <u>none</u>			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)						19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> <u>2</u>	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)				
20c. TIME OF INJURY Hour <u></u> Month <u></u> Day <u></u> Year <u></u> a. m. <u></u> p. m. <u></u>							
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from <u>Jan. 19 1957</u> to <u>Jan 26 1958</u> and last saw her/him alive on <u>Jan 20 1958</u> Death occurred at <u>11:30 a.m. on the date stated above; and to the best of my knowledge, from the causes stated.</u>							
22a. SIGNATURE (Degree or title) <u>W. E. Best, M.D.</u>				22b. ADDRESS <u>Sedalia Mo. 1-28-1958</u>		22c. DATE SIGNED	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>Jan. 30, 1958</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Crown Hill Annex Cem.</u>		23d. LOCATION (City, town, or county) <u>Sedalia</u>		(State) <u>Mo.</u>
24. FORENSIC DIRECTOR <u>Arice Alexander</u> ADDRESS <u>400 W Cooper</u>			25. DATE RECD. BY LOCAL REG. <u>1-29-1958</u>		26. REGISTRAR'S SIGNATURE <u>Frances Shelby</u>		

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em-
by me, or by, Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Will Alexander*

Licensed Embalmer No. *42*

P. O. Address *Sedalia*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.